Letter to the Editor Correspondance

Chlorpromazine-induced cutaneous pigmentation — effect of replacement with clozapine

Dear Sir:

Chlorpromazine induces abnormal skin pigmentation (ASP) in areas exposed to sunlight.1 The prevalence of ASP in chronically hospitalized psychiatric patients varies from 1% to 2.9%.2 In a cross-sectional study, Ban et al² noted that 6 of their 13 patients with ASP were not receiving chlorpromazine at the time of evaluation, including a patient receiving clozapine, and concluded that there was no relation between the type of neuroleptic used and ASP. Unfortunately, information on prior exposure to chlorpromazine was not provided. In a longitudinal study,3 we showed that replacement of chlorpromazine with haloperidol, levomepromazine, trifluoperazine, thioproperazine or pipotiazine resulted in complete resolution of ASP over a period of 6 months to 5 years. We now report the outcome in a patient with ASP in whom treatment with chlorpromazine was replaced with clozapine.

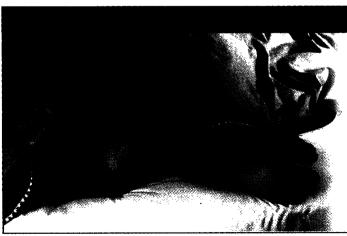
A 45-year-old female patient with blue eyes and blond hair, suffering from schizophrenia since the age of 13, received a lifetime exposure of at least 1748 g of chlorpromazine. At age 36 a blue discoloration of the skin was clearly evident. Eventually, chlorpromazine was discontinued and clozapine substituted (up to a maximum dosage of 600 mg per day). The ASP completely resolved over a period of 4 years. She has now been receiving clozapine (at a current dosage of 400 mg per day) for a total of 6 years and shows no signs of ASP.

This finding, together with our previous observations³ and those of Ewing and Einarson⁴ with loxapine substitution, and O'Croinin and Zibin⁵ with flupenthixol substitution, support our view that ASP is an exclusive side effect of chlorpromazine; substitution with a variety of other neuroleptics, including clozapine, allows the condition to resolve, although it may take several years to do so.

References

- Greiner AC, Berry K. Skin pigmentation and corneal and lens opacities with prolonged chlorpromazine therapy. CMAJ 1964;90:663-5.
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- Ewing DG, Einarson TR. Loxapine as an alternative to phenothiazines in a case of oculocutaneous skin pigmentation. Am J Psychiatry 1981;138:1631-2.
- O'Croinin F, Zibin T. Re: Replacement of chlorpromazine with other neuroleptics: effect on abnormal skin pigmentation and ocular changes [comment]. J Psychiatry Neurosci 1994;19:226. Comment on: J Psychiatry Neurosci 1993;18:173-7.

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In antidepressant treatment...

...sexual dysfunction may cause cold feet.

Its rate may be higher than you think.

Recent reports suggest that **40-60%** of patients may experience sexual dysfunction with some classes of antidepressants (SSRIs), although rates are not reflected in product monographs.*

* Guidelines for the Diagnosis and Pharmacological Treatment of Depression. Canadian Network for Mood and Anxiety Treatment (C.A.N.M.A.T.) Depression Working Group 1st Edition 1999.

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